Treatment Integrity

- Also known as treatment fidelity:
 - The degree to which plan was implemented as designed and intended
- Why? Without, we don't know if:
 - Good results are actually due to the intervention
 - Poor results are actually due to intervention, or to some modifications
 - We must know if it was the intervention that failed, or if it was not followed/implemented properly
 - Finally, we cannot assume the treatment will work with others if we are not sure it was "the" treatment that worked in the first place

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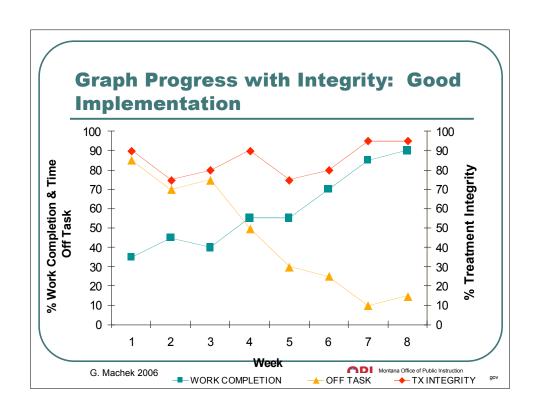
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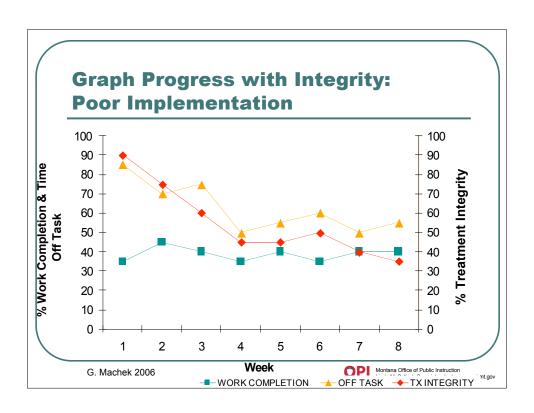
Treatment Integrity

- Treatment integrity is often assumed, rather than assessed
- Outcomes cannot be attributed to the intervention unless one measures the extent to which the intervention plan was implemented

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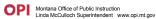




WHY is this so Important with Rtl?

- A MAIN distinguishing factor of RtI is its presumed ability to rule out "instructional casualties"
 - This can only be done if evidence-based interventions are done as intended
- The same concept also applies to assessment
 - Formative evaluation is a KEY component of Rtl
 - Is this evaluation being done as intended for all?

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How to Assess (not exhaustive)

- Direct observation
 - Trained observers watch intervention (either live or taped)
 - Drawbacks: Often limited resources
- Examples
 - DIBELS (assessment)
 - PATR (Intervention; also see accompanying weekly integrity tally)



How to Assess

- Self-Reporting
 - Person doing intervention (usually teacher) can rate the degree to which they implemented each intervention component
 - These are easy and may actually serve as a prompt
 - Drawbacks: Not as objective; social desirability effect; more paperwork
- Example
 - Independent Group Contingency Plan. . .

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How to Assess, cont.

- Steps:
 - 1. Develop operationalized list of each treatment component
 - 2. Record whether each component occurred
 - 3. Compute level of integrity by session and component
 - 4. Can also calculate weekly (or monthly etc.) integrity checklists



Examples

- Now, come up with your own. Use the blank sheet and the "Ladders to Literacy" activity descriptions to:
 - 1. Develop operationalized list of each treatment component
 - 2. Record whether each component occurred
 - 3. Compute level of integrity by session and component

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Which Kind and How Often?

- Try to use the most accurate, yet convenient
- The more often, the better
 - Some aspect of self-reporting should occur daily, or even with each intervention process
- Direct observation by another individual:
 - 20% of the time would be a great standard
 - Is this possible?



Practice #2: Quality Control of the "Big" Picture

- It will also be important to look at "process" oriented components and make sure that these are done, done correctly, and on time
- Cherry Creek Example
 - Shows their Rtl process in a step-by-step fashion
- As a final piece of homework, try to identify the core pieces at each step of your RtI process
 - Which ones will be important to track?
 - How will you keep track of your completion of these items?
 - Who will do it?

